

INTAKE FORM - DIRECT SERVICES

HEAD OF HH SS# _____

TOTAL IN FAMILY _____

PLEASE PRINT	HEAD OF HOUSEHOLD	OTHER MEMBER	OTHER MEMBER	OTHER MEMBER
LAST NAME				
FIRST, MIDDLE I.				
DATE OF BIRTH				
SOCIAL SECURITY #				
AGE				

S=SELF SP=SPOUSE C=CHILD P=PARENT R=RELATIVE O=OTHER

RELATIONSHIP				
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F=FEMALE M=MALE O=OTHER U=UNKNOWN/NOT REPORTED

GENDER				
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ETHNICITY 1=HISPANIC, LATINO OR SPANISH ORIGINS 2=NON-HISPANIC, LATINO OR SPANISH ORIGINS

ETHNICITY				
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A=ASIAN B=BLACK H=NATIVE HAWAII/PAC.ISLANDER W=WHITE M=MULTI-RACIAL

NA=AMERICAN INDIAN/ALASKAN O=OTHER

RACE				
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N=NO A=ACTIVE DUTY V= VETERAN U=UNKNOWN

VETERAN				
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DISABLED ? N=NO Y=YES

DISABLED				
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A=MEDICAID B=MEDICARE C=STATE CHIP D=STATE HEALTH INSURANCE FOR ADULTS

E=MILITARY HEALTH F=DIRECT PURCHASE G=EMPLOYEE BASED N=NONE U=UNKNOWN

HEALTH CARE				
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CURRENTLY IN SCHOOL? N=NO Y=YES

SCHOOL(YES/NO)				
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A=to 8th B=9-12 C=HS GRAD D=12+ E=2/4 YR COLL GRAD F=GRAD OF OTHER U=UNKNOWN

GRADE COMPLETED				
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A=FULL TIME B=PART-TIME C=MIGRANT SEASONAL FARM WORKER D=UNEMP SHORT-TERM (6mo less)

E= UNEMP LONG-TERM (more 6 mo) F=UNEMPLOYED-NOT IN LABOR FORCE G=RETIRED U=UNKNOWN

WORK STATUS				
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W=WEEKLY B=BI-WEEKLY M=MONTHLY Q=QUARTERLY A=ANNUALLY

WAGES	/ \$	/ \$	/ \$	/ \$
TANF	/ \$	/ \$	/ \$	/ \$
SOCIAL SECURITY	/ \$	/ \$	/ \$	/ \$
SSI	/ \$	/ \$	/ \$	/ \$
SSDI	/ \$	/ \$	/ \$	/ \$
VA SERVICE DIS	/ \$	/ \$	/ \$	/ \$
VA NON-SERVICE	/ \$	/ \$	/ \$	/ \$
PRIVATE DIS INS	/ \$	/ \$	/ \$	/ \$
WORKER'S COMP	/ \$	/ \$	/ \$	/ \$
PENSION	/ \$	/ \$	/ \$	/ \$
CHILD SUPPORT	/ \$	/ \$	/ \$	/ \$
ALIMONY	/ \$	/ \$	/ \$	/ \$
UNEMPLOY INS	/ \$	/ \$	/ \$	/ \$
EITC	/ \$	/ \$	/ \$	/ \$
OTHER	/ \$	/ \$	/ \$	/ \$

PLEASE COMPLETE BOTH SIDES

FAMILY TYPE

SINGLE _____
 FEMALE SINGLE HEAD _____
 MALE SINGLE HEAD _____
 MULTI-GENERATIONAL _____
 NON-RELATED ADULTS/CHILDREN _____
 OTHER _____
 TWO ADULTS _____
 TWO PARENT _____
 UNKNOWN _____

HOUSING

OTHER _____
 HOMELESS _____
 OWNER _____
 RENTER _____
 OTHER PERMANENT _____
 UNKNOWN _____

Housing Costs \$ _____

NON-CASH BENEFITS

SNAP _____ (Food Stamps)
 WIC _____ (Women, Infant, Children Program)
 LIHEAP _____ (Energy Assistance)
 HOUSING CHOICE VOUCHER _____ (On housing, where you pick the home w/ voucher)
 CHILDCARE VOUCHER _____
 AFFORDABLE CARE ACT SUBSIDY _____ (ACA or ObamaCare)
 PUBLIC HOUSING _____ (On housing, where the whole building is housing)
 PERM. SUPPORTIVE HOUSING _____ (Intense case-managed program)
 HUD-VASH _____ (Veteran program-vouchers allocated by Volunteers of America)
 OTHER _____
 UNKNOWN/NOT REPORTED _____

ADDRESS _____ TOWN _____

ZIP _____ COUNTY _____ PHONE _____

I have furnished the information on this application and to the best of my knowledge verify this is correct. I am aware that any fraudulent statement made in this application is legal grounds for prosecution by any agency of the government and the State of South Dakota using this application as a basis for assistance. This institution is an equal opportunity provider, employer, and lender.

RECIPIENT SIGNATURE _____ DATE _____

AGENCY SIGNATURE _____ DATE _____